

8-2
13-40
17-39
X23159

OCT 25 1940

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days /
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine Carter

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Carter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 17, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Clayton Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business _____

12. Name August Wittmaier 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William C. Carter

(b) Address 1825a S. Eighth

17. (a) burial (b) Date thereof 9-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J-OAK HILL CEM.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave

19. (a) SEP 16 1940 (b) J. J. Prudek
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1825a S. Eighth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1940 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from September 9, 19 40, to September 15, 19 40;
that I last saw her alive on September 15, 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Meningitis

Due to Pneumococcus #11

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 19A
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. J. Prudek (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 9/16/40

Emil Blanche Regier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.